

1.) CORPORATION NAME:

DUE DATE: **6/30/2011**

Praetorian Insurance Company

SCC ID NO: **F0410631**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 88 PINE ST

CITY/ST/ZIP: NEW YORK, NY 10005-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ROBERT BYLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	PETER MALONEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	88 PINE ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	CHRISTOPHER FISH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	JOHN RUMPLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE ST		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	ROBERT FRANZINO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		

NAME:	FRANCIS O'HALLORAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	HARVEY BAZAAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	GREGORY DEAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7333 SUNWOOD DRIVE		
CITY/ST/ZIP/CO:	RAMSEY, MN 55303-		
NAME:	ROD FARRELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	JAMES FIORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	MARC METCALF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	JOHN NEAL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	ANTHONY PRZYBYSZEWSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	MIKE SCALA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	88 PINE STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10005-		
NAME:	JODIE L BURTNETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE GENERAL DRIVE		
CITY/ST/ZIP/CO:	SUN PRAIRIE, WI 53596-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ JODIE L BURTNETT</u>	<u>JODIE L BURTNETT, ASST</u>	<u>1/12/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		